## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET 10/561,685 (FOR USE WITH FORM PTO-875) CLAIMS AFTER AS FILED AFTER I"AMENDMENT AFTER I "AMENBMENT AS FILED AFTER CAMERDMENT. IND. DEP. 1 MAKENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND A A T. TOTALOX \$ TOTAL DEF TOTAL DEP **₩** TOTAL **∮¤** TOTAL

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